

STATE BUSINESS TRANSACTION DISCLOSURE REPORT

Form and Instructions

I. HOW TO FILE

A. Obtain a State Business Transaction Report PIN

1. Apply for a Personal Identification Number (PIN) with the CFC by filling out a PIN application which can be found in the forms for Public Officials, State Employees or Candidates sections of our webpage.
2. You will then receive a filer id and password by email. You may then use the filer id and password to gain access to the Commission electronic filing system in order to file the State Business Transaction Report.

B. File the State Business Transaction Report:

1. *See Section IV re: information contained in State Business Transaction Report*
2. Fill out the online form
 - a. Each transaction must be disclosed separately.
 - b. Amounts may be rounded to the nearest dollar.
 - c. For each heading, list the following information for each transaction:

Date of Transaction:	Date of the transaction
Agency Involved:	The name of the agency, authority, department, board, bureau, commission, committee, office, or instrumentality of the State of Georgia with whom the business was transacted.
Nature of Transaction:	Describe the transaction, such as: <ul style="list-style-type: none">• sale of 1,500 cubic yards of concrete• 30 hours of security work• Lease of house• Et cetera
Type of Transaction:	<ul style="list-style-type: none">• If the transaction was personal or for oneself, list "personal"• If the transaction was on behalf of business, list "business" and name of the business• If the transaction was for a business in which you or your spouse or dependents have a substantial interest, list "family" and name the business
Amount of	The amount of the transaction in dollars

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Transaction:

II. OVERVIEW OF REPORT CONTENTS

PART 1 OF 4: INITIAL INFORMATION

Date of this report:	
First Name	
Middle Name	
Last Name	
Maiden Name	
Telephone Number – Home	() -
Telephone Number – Work	() - Ext.
Telephone Number – Cell	() -

PART 2 OF 4: TYPE OF FILING

- ☐ Elected Official: Office Held: _____

☐ Appointed Official:
Name of State Agency: _____
Position Held: _____

☐ Employee: [] Full-time [] Part-time
Name of State Agency: _____
Position Held: _____

PART 3 OF 4: CERTIFICATION

This is what the form states:

I hereby certify that the attached _____ page(s) is/are a true and accurate report of all business transacted by me with the State of Georgia for myself, on behalf of any business, and for any business in which I or any member of my family has a substantial interest.

Signature

**PART 4 OF 4: BUSINESS TRANSACTIONS WITH THE STATE OF GEORGIA
FOR CALENDAR YEAR 20**

****ALL FIELDS ARE REQUIRED****

Transaction No.:			
1.	Date of Transaction:		
		<i>MM/DD/YYYY</i>	
2.1	Name of Agency Involved:		
2.2	Street Address of Agency Involved:	Street Address: Suite: City: State:	

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		Zip
2.3	Phone number of Agency Involved:	() - Ext.
2.4	Agency Involved Contact Person:	Name: Title:
3.	Nature of Transaction	
4.	Type of Transaction:	<input type="checkbox"/> Business transacted <input type="checkbox"/> Any business <input type="checkbox"/> Family <input type="checkbox"/> Substantial interest
5.1	Name of Company Involved:	
5.2	Address of Company Involved:	Address: Suite: City: State: Zip: County:
5.3	Company Involved Contact Person:	Name: Title:
5.4	Phone number of Company Involved:	() - Ext.
5.	Amount of Transaction	\$